



Atty. Dkt. No. 030481-0212

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Per EGNELOV et al

Title: DEVICE FOR VISUALLY
INDICATING A BLOOD
PRESSURE

Appl. No.: 10/756,765

Filing Date: 1/14/2004

Examiner: Patricia C. Mallari

Art Unit: 3763

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[] Assertion of Small Entity status is enclosed.

[X] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	17	- 20	= 0	x \$50.00	= \$0.00
Independent Claims:	9	- 9	= 0	x \$200.00	= \$0.00

First presentation of any Multiple Dependent Claims: + \$360.00 = \$0.00

CLAIMS FEE TOTAL = \$0.00

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$0.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$0.00

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 7, 20006

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By 

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 Attorney for Applicant
 Registration No. 34,371



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Applicant: Per EGNELÖV et al

Title: DEVICE FOR VISUALLY INDICATING A BLOOD PRESSURE

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Examiner: Patricia Mallari

Art Unit: 3736

AMENDMENT AND REPLY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This communication is responsive to the Office Action dated February 14, 2006, concerning the above-referenced patent application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this document.

Remarks begin on page 10 of this document.

Please amend the application as follows: